

PCAP and ACA Enrollment Client Information Confirmation Form

Send Form Electronically: PCAPapplications@dhhs.nc.gov

(Preferred Method of Receipt by Secure Email ONLY)

Or

Fax: (919) 715 – 2993 (Via Secure FAX ONLY)

This form is used to confirm a match of client information for PCAP and ACA enrollment. **A new form is required for ALL PCAP clients for the Annual Enrollment Period and Special Enrollment Period(s). REMEMBER TO INCLUDE ALL REQUIRED INFORMATION AS IT WAS REPORTED TO THE MARKETPLACE AT TIME OF ENROLLMENT.**

Incomplete or inaccurate information will delay or deny binder payment by the insurance carrier, which may result in PCAP being unable to secure enrollment.

Section 1: PCAP Applicant Information

HMAP Client CASE NUMBER _____ Or New to HMAP (Check Here): _____

Applicant Name: _____ ACA Marketplace Insurance Carrier: _____

Health Insurance Plan ID (Located on the ACA Enrollment Documents): _____

Client Insurance Member ID (If available): _____

Premium Amount: \$ _____

Section 2: Client ACA Enrollment Information:

Date of Birth (MM/DD/YYYY)

Social Security Number

Street Address used on ACA Marketplace Insurance Enrollment: _____

Apartment/Unit
#

City: _____

State: _____

Zip Code: _____